

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 28

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Sensenbrenner Committee**

Full Name (Last, First, Middle Initial)

**A. Capitol Hill Club**

Mailing Address 300 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Food and bev

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	21	/	2015

Amount of Each Disbursement this Period

271.20
--------

Transaction ID : D1-000052840019

**[MEMO ITEM]**

Credit Card Item

**B. Congressional Institute, Inc.**

Mailing Address 316 Pennsylvania Avenue, SE, #403

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Leadership retreat

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	21	/	2015

Amount of Each Disbursement this Period

738.00
--------

Transaction ID : D2-000074690005

**[MEMO ITEM]**

Credit Card Item

**C. Hannibal Software, Inc.**

Mailing Address 515 Seward Sq., SE, Suite #3

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Annual support contract

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	21	/	2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : D4-000052800011

**[MEMO ITEM]**

Credit Card Item

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
------